



PREVALENCE, KNOWLEDGE AND ATTITUDE OF TOBACCO USE AMONG STUDENTS OF PROFESSIONAL COLLEGES

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ABSTRACT

Introduction: Tobacco use imposes a large and growing global public health burden. While its use is decreasing in many developed countries, it is increasing in developing countries like India. Hence, professionals need to play a key role to educate, motivate and advise tobacco users to quit.

Aim: To assess the prevalence, knowledge and attitude of tobacco use among students of professional colleges and also the potential barriers faced by them in tobacco cessation.

Subjects and Methods: A questionnaire-based survey was conducted amongst 500 students from dental, medical, physiotherapy and engineering college of TPCT's Terna Institute, Navi Mumbai. The questionnaire assessed if the students resorted to the deleterious habit of tobacco use, and the underlying reasons of it, whether they impart tobacco cessation advice to tobacco users, whether they are trained for basic intervention, whether they would be eager to undergo training and also the potential barriers encountered.

Results: It was observed that the majority of the professionals do not use tobacco and many of them believed that they can play a major role in motivating tobacco users to quit. Potential barriers reported were: Little chance of success, lack of training, lack of time, lack of remuneration, and the possibility of losing patients in the medical and dental faculty.

Conclusions: Future health professionals must expand their horizon and armamentarium to tobacco intervention strategies inclusive of their regular preventive and therapeutic treatment modalities. Also, anti-tobacco programs should be held for other professionals to give them knowledge and training to advise tobacco cessation.

KEYWORDS: Cigarette, tobacco, smoking, professionals.

INTRODUCTION:

Tobacco is the second major cause of death in the world.¹ The death toll from tobacco consumption is increasing rapidly. If the present consumption pattern continues, the number of deaths will increase to 10 million by the year 2020, 70% of which will occur in the developing countries.²

In addition to several other chronic diseases, tobacco use is a primary cause of many oral diseases and adverse oral conditions. For example, tobacco is a risk factor for oral cancer, periodontal disease, and congenital defects in children whose mothers smoke during pregnancy. The epidemic of tobacco use is one of the greatest threats to global health; sadly, the future appears worse because of the globalization of marketing. The World Health Organization (WHO) has strengthened the work for effective control of tobacco use. At the World Health Assembly in May 2003 the Member States agreed on a groundbreaking public health treaty to control tobacco supply and consumption.³

Students of professional colleges will be the future torch bearers of society, who will enlighten the path of knowledge for the betterment of society. Awareness of tobacco use in these students can play a major role in tobacco habit cessation. Significant barriers to anti-tobacco counseling by health professionals has been found to be as a result of unawareness of deleterious habits of tobacco, lack of knowledge regarding anti-tobacco programs, lack of training in counseling tobacco users about quitting tobacco use, etc. This provoked our efforts to determine the prevalence, knowledge and attitude of tobacco use among students of professional colleges.

SUBJECTS AND METHODS:

A questionnaire-based survey was conducted amongst 500 students from dental, medical, physiotherapy and engineering college of TPCT's Terna Institute, Navi Mumbai. Ethical clearance was obtained from the Institutional Ethical Committee before the start of the study. All participants were assured of confidentiality before the start of the study. All the participants were given a self-administered, close-ended questionnaire by the investigator to assess the attitude toward tobacco cessation and barriers perceived by them to tobacco cessation advice.

The questionnaire was prepared by the investigators [Figure 1]. The response sheets were personally collected by the investigator. The data were analyzed using the SPSS version 17. 0. Chicago: SPSS Inc Frequencies and percentages were used to determine distributions of the responses for each of the variables.

Qualification: BOS ☐ ENGINEERING ☐ PHYSIOTHERAPY ☐ MEDICAL ☐

Year: Year: Year: Year:

Section I

• age group
 a. 17-19 years b. 20-22 years c. 23-25 years d. more than 25 years

• (A) Education score: (tick the appropriate)

	Father	Mother
a. Profession or Honours		
b. Graduate or post graduate		
c. Intermediate or post high school diploma		
d. High school certificate		
e. Middle school certificate		
f. Primary school certificate		
g. Illiterate		

• (B) Occupation score:

a. Profession	
b. Semi-Profession	
c. Clerical, Shop-owner, Farmer	
d. Skilled worker	
e. Semi-skilled worker	
f. Unskilled worker	
g. Unemployed	

• (C) Monthly family income in Rs]

a. ≥32050	
b. 16020 – 32049	
c. 12020 – 16019	
d. 8010 – 12019	
e. 4810 – 8009	
f. 1601 – 4809	
g. ≤ 1600	

• Do your one or both parents smoke/consume tobacco?
 a. Yes b. No c. Don't know

• Have you ever smoked/consumed tobacco in any form?
 a. Yes b. No

• If 'NO' then proceed to section III

• Do you presently smoke/consume tobacco (within the last 30 days)
 a. Yes b. No

• If 'NO' then proceed to section III

Section II

- Why did you start smoking/consuming tobacco?
 - a. Pressure from friends b. social events
 - c. as a means to relieve stress d. to experiment
 - e. influenced by media, movies, etc
- When did you start smoking/consuming tobacco?
 - a. 10-15 yrs b. 16-20 yrs c. 20-25 yrs
- Which form of tobacco do you consume?
 - a. Smoke b. smokeless c. both
- How frequently do you smoke/consume tobacco?
 - a. Daily c. 2-3 times in a week
 - b. once in a week d. occasionally
- Did you ever make an attempt to quit the habit?
 - a. Yes b. No
- Were you successful in quitting the habit?
 - a. Yes b. No
- A. If 'YES' then what is the reason for quitting the habit
 - a. Encountered health hazards
 - b. Realised the harmful effects
 - c. Inspired by any anti-tobacco program
 - d. For the sake of family members
 - e. Any other
- B. If 'NO' then what is the reason for not quitting the habit
 - a. Want to but cannot
 - b. Don't feel it is necessary to quit the habit
 - c. Nothing specific

Section III

- Do you think tobacco should be banned?
 - a. Yes b. No
- Are you aware of the effects of tobacco on your oral & general health?
 - a. Yes b. No c. Not sure
- Have you ever participated in any anti-tobacco program?
 - a. Yes b. No
- If 'No' do you want to attend anti-tobacco program?
 - a. Yes b. No c. Don't know
- Have you received any formal training in tobacco cessation?
 - a. Yes b. No
- Do you think anti-tobacco programs are effective?
 - a. Yes b. No c. Not sure
- Do you feel you have had enough knowledge & training to advice tobacco cessation?
 - a. Yes b. No
- Has your attitude changed towards tobacco cessation after joining your course?
 - a. Yes b. No

Figure 1: The questionnaire form**RESULTS**

A total of 500 students i.e. 125 each from dental, medical, physiotherapy and engineering college of TPCT's Terna Institute, Navi Mumbai, India, participated in the study. Of these 84% of students were from the age group of 20 to 22 years while 11.2% and 4% from the age group of 23 to 25 years and 17 to 19 years respectively.

Kappuswamy scale was used to determine the socio-economic status of the participants. Of all the participants 5.4% were from the upper class and 7% were belong to lower class, while majority of the participants were from upper middle class (49.2%) and from middle/lower middle class (38.4%).

Answers to the other questions are tabulated in Table 1

Table 1: Results of the questions asked in the questionnaire in percentages (%)

Questions	Response	Percentage
Do your one or both parents smoke/consume tobacco?	Yes	16.6
	No	82.2
	Don't know	1.2
Have you ever smoked/consumed tobacco in any form?	Yes	16.8
	No	83.2
Do you presently smoke/consume tobacco (within the last 30 days)	Yes	7.6
	No	92.4
Why did you start smoking/consuming tobacco?	a. Pressure from friends	52.1
	b. social events	0
	c. as a means to relieve stress	31.5
	d. to experiment	0
	e. influenced by media, movies, etc	16.4
When did you start smoking/consuming tobacco?	a. 10-15 yrs	2.7
	b. 16-20 yrs	91.8
	c. 20-25 yrs	5.5

Which form of tobacco do you consume?	a. Smoke b. Smokeless c. both	84.9 4.1 11
How frequently do you smoke/consume tobacco?	a. Daily b. 2-3 times in a week c. once in a week d. occasionally	4.1 5.5 39.7 50.7
Did you ever make an attempt to quit the habit?	Yes No	68.5 31.5
Were you successful in quitting the habit?	Yes No	52.1 47.9
If 'YES' then what is the reason for quitting the habit	a. Encountered health hazards b. Realised the harmful effects c. Inspired by any anti-tobacco program d. For the sake of family members e. Any other	0 93.5 0 0 6.5
If 'NO' then what is the reason for not quitting the habit	a. Want to but cannot b. Don't feel it is necessary to quit the habit c. Nothing specific	56.8 40.5 2.7
Do you think tobacco should be banned?	Yes No	91.4 8.6
Are you aware of the effects of tobacco on your oral & general health?	Yes No Not sure	91.8 3.8 4.4
Have you ever participated in any anti-tobacco program?	Yes No	10.6 89.4
If 'No' do you want to attend anti-tobacco program?	Yes No Don't know	59.6 21.4 19
Have you received any formal training in tobacco cessation?	Yes No	4.8 95.2
Do you think anti-tobacco programs are effective?	Yes No Not sure	69 15.4 15.6
Do you feel you have had enough knowledge & training to advice tobacco cessation?	Yes No	22.2 77.8
Has your attitude changed towards tobacco cessation after joining your course?	Yes No	75.2 24.8

DISCUSSION

As students from professional colleges are the future guiding lights of the society, they can play a pivotal role in promoting oral and general public health, by raising awareness about the harmful effects of tobacco on health and guiding them in conquering tobacco addiction. Therefore, this survey aimed at students of professional colleges to assess prevalence, knowledge and attitude of tobacco use. There was a similar survey conducted by the Global Health Professional Survey supported by the WHO and Centres for Disease Control and Prevention, in 2005 in India, is the first survey that provides state wise data about tobacco use among third year students of health professions [medical, dental and nursing] using a standardized methodology⁴.

Majority of the students participated (82.2%) reported that their parents don't consume/smoke tobacco. Among the students (16.8%) who have ever consumed/smoked tobacco, 7.6% of the students are current smokers. When asked for the reason of starting tobacco habit more than half of the students (52%) have said that it is because of peer pressure while 32% consumed/smoked tobacco to relieve stress and 16% of them were influenced by media to use tobacco. Among the students who consumed tobacco, most of them (91.8%) have started the habit of consuming tobacco at the age of 16-20 years. Majority of them were using (84.9%) tobacco in smoke form and the frequency was 39.7% and 50.7% for once in a week and occasionally respectively. This was contradictory to a similar survey conducted by Sinha et al in 2001 among 67 dental students in Bihar, India 81% prevalence of tobacco use and/or areca nut use was seen⁵. The most important aspect that got highlighted in this survey was that most of the teenagers initiated the habit of smoking mainly because of peer pressure.

Out of 68.5% of the consumers who have made an attempt to quit the habit of consumption, 52% were successful and majority (93.5%) of the consumers stated that realization of the detrimental effects of tobacco on health was their reason for quitting the habit. While the consumers who had unsuccessful attempt to quit

the habit, 56.8% of them showed inclination to quit the habit but were unable to do so and 40.5% did not feel the necessity to quit the habit.

91.8% were aware of the effects of tobacco on oral & general health and majority (91.4%) of the students felt that tobacco in all forms should be banned from the society. 69% of them think that anti-tobacco programme would be effective for quitting the habit although more than half (89.4%) of the students had not participated in any anti-tobacco program and 59.6% of them showed the willingness to attend anti-tobacco programs.

Majority of the students (95.2%) have not received any formal training in tobacco cessation while 77% of the participated students felt that they do not have enough knowledge & training to advice tobacco cessation. A study by Stacey et al. has shown that dentists who smoke; are less likely to offer smoking cessation advice than those who do not smoke.⁶ In a study in UK by Macgregor where smoking cessation advice was given in addition to treatment compared with a treatment only, 13% of intervention group had quit smoking as compared to 5% of control group.⁷

Three-fourth of the participated students admitted change of attitude towards tobacco use after joining their respective courses.

CONCLUSION

Students of the professional colleges can play a major role in tobacco use control and cessation and it becomes their duty to promote oral and general health and healthy life styles among people of the society. Majority of the students in the present study had consumed some form of tobacco under stress or because of the peer pressure. Cigarettes is the major tobacco product consumed. Most of the students are aware of hazardous effects of tobacco on oral and general health and they want to quit the habit and also attend the anti-tobacco programs. This attitude could inculcate positive reinforcement about anti-tobacco education in society.

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